

CALIFORNIA MEDICAL PROFESSIONAL LIABILITY INSURANCE REPORT

For Calendar Years: 2003, 2002, and 2001

(Pursuant to California Insurance Code §11555.2)

GENERAL INSTRUCTIONS

1. Pursuant to CIC Section 11555.2, this report is required of each licensed insurer transacting, or that has transacted, Medical Professional Liability Insurance in California during 2003, 2002, or 2001.

2. The data reported are to reflect only the business written in California. This report is to be filed on a group basis with inter-company reinsurance transactions excluded. One report is to be filed for the total business of each insurer group. All amounts reported are to be the direct liability with no deduction for reinsurance.

3. A separate report is required for each designated type of health care provider as defined in Supplement A to Schedule T of the Annual Statement:

- (a) Physicians - including surgeons and osteopaths;
- (b) Hospitals;
- (c) Other health care professionals - including dentists; and
- (d) Other health care facilities.

The respective totals should reconcile with the totals in Supplement A to Schedule T.

Please attach a copy of the Supplement A to Schedule T for each calendar year report and for each designated type of health care provider.

4. Since the premiums and losses reported herein are on a "direct" basis, there is no need for this report to be filed by admitted (licensed) reinsurers for assumed business.

5. All amounts reported are to be with respect to the "net direct premiums." "Net direct premiums" mean total direct premiums written in this state, less return premiums and any surplus premium deposits. "Net direct premiums" do not include reinsurance assumed or ceded.

6. Whether the coverage was written on a claims-made basis or an occurrence basis, the statute requires that the information be broken down by the year the claim occurred (that is, the year in which the malpractice event occurred which gave rise to the reported loss).

7. If you had no experience in 2003, 2002 and 2001 to report, please return to us the **2003 Signature Page**, duly executed.

8. If experience existed, completed report **forms**, **diskette**, and **copies of the Supplement A to Schedule T for each calendar year report and for each designated type of health care provider**, are due by July 1, 2004 and are to be mailed to:

**CALIFORNIA DEPARTMENT OF INSURANCE
RATE SPECIALIST BUREAU
300 S SPRING ST, SOUTH TOWER, 14th FL
LOS ANGELES CA 90013-1230**

If any questions arise regarding the completion or filing of this report, please contact the Rate Specialist Bureau at (213) 346-6732 or Fax No. (213) 897-6361, or by E-Mail: rsb@insurance.ca.gov.